



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>16413</b>		2. Exact name of the Corporation <b>Pedrick Yacht Designs, Inc.</b>			
3. Principal office address <b>3 Ann Street</b>		City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	
4. Business Phone No. <b>401-846-8481</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Naval architecture and marine engineering</b>					
<b>President Name</b> <b>David Pedrick</b>					
<b>Vice-President Name</b> <b>None</b>					
<b>Street Address</b> <b>67 Second Street</b>					
<b>City</b> <b>Newport</b>		<b>State</b> <b>RI</b>	<b>Zip</b> <b>02840</b>		
<b>Secretary Name</b> <b>None</b>					
<b>Treasurer Name</b> <b>None</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>		
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>					
<b>Director Name</b> <b>None</b>					
<b>Director Name</b> <b>None</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>		
<b>Director Name</b> <b>None</b>					
<b>Director Name</b> <b>None</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>		
<b>9. SHARES AUTHORIZED</b>					
<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b>					
<b>NUMBER OF SHARES</b> <b>500</b>					
<b>CLASS/SERIES</b>					
<b>PAR VALUE</b> <b>None</b>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date  
Check No  
By  
FOR SECRETARY OF STATE USE ONLY

**FILED**

FEB 18 2016

RY

KL 1740

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*David R. Pedrick* 01/10/2016  
Signature of Authorized Representative Date  
**David Pedrick**  
Print or Type Name of Authorized Representative